

PARTICIPANT RECORD REQUEST

You may obtain a copy of your USF OTI Education Center (USF OTIEC) participant record by completing a request form. The participant record includes the:

- Courses you completed
- Any applicable continuing education units (CEUs) awarded
- Number of contact hours
- Completion of any USF OTI Education Center Certificate Program

You must provide a fully completed, signed request form and have no outstanding financial obligations to the USF OTI Education Center in order for your participant record to be released. Incomplete requests cannot be processed.

Participant records are not mailed to third parties, so please make sure your mailing address is correct and current on the request form. Your record will be enclosed in a sealed envelope for forwarding to third parties. Fulfilled requests will be mailed from the Wesley Chapel main office within five working days of receipt.

Payment Details

The fee for a participant record is \$10 per requested record. We accept Visa, MasterCard, Discover Card, and American Express. Personal checks, money orders, and cash are not accepted, per university policy. Registration Services will contact you for credit card payment. There is an additional \$3 fee for postage for addresses outside the United States.

Ordering Instructions

You may mail the completed participant record request form, with your signature and date, to the address listed below. Or take your completed request form along with your credit card to Registration Services at the same address. Office hours are 8:30 a.m. to 4 p.m. Monday through Friday.

Your request will be processed and mailed to you at the address you provide on the form within five working days. The records will be placed in a sealed internal envelope marked "Transcript Enclosed" within the mailed envelope. If you are forwarding the document as an official transcript, do not open the internal envelope.

USF OTI Education Center

2612 Cypress Ridge Blvd., Suite 101
Wesley Chapel, FL 33544

All fields are required unless otherwise noted. Your request will not be fulfilled unless fully completed and signed.

Participant information

Request Date: _____ USF OTIEC Student ID (if available): _____

Mailing address:

First Name: _____ M.I.: _____ Last Name: _____

Street/P.O.: _____ City: _____

State: _____ ZIP code: _____ Country: _____

Evening Phone: _____ Day Phone: _____

Email: _____

Name and address (if different at the time of registration):

First Name: _____ M.I.: _____ Last Name: _____

Street/P.O.: _____ City: _____

State: _____ ZIP code: _____ Country: _____

Evening Phone: _____ Day Phone: _____

Email: _____

Signature is required to authorize release of transcripts. By signing this form you authorize the release of your USF OTI Education Center records.

Signature of Requester: _____

Once completed, please print, sign and submit per instructions on Page 1.

OFFICE USE ONLY:

Receipt Date: _____ Mail Date: _____

Amount Received: _____ Extra Postage: _____

Registration Processing: _____ Department Processing: _____